

13281 U.S.PTO
01120410/754720
00727 U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No. GUUY3001/EM
	First Named Inventor (or identifier) Yeou-Pin GUU
	Total Pages 21

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Organism Cell Auto-Handling Apparatus And Its Handling Method
-----------	--

1. Submitted herewith are the following:
 9 pages of specification, including claims and Abstract.
 3 sheets of FORMAL drawings (Figs. 1-3).
 9 claims.
 1 Oath/Declaration signed by each inventor.
 1 Application Data Sheet.
 1 Assignment of the invention to Industrial Technology Research Institute,
 Hsinchu Hsien, Taiwan, R.O.C.,
 Cover Sheet, and payment of the \$40 recordal fee.
 1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

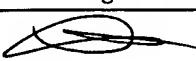
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --

6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	9	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	2	- 3 =	0	X \$86 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176				Multiple Dependent Claim (add \$290.00):	\$0.00
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	\$0.00
Phone: 703-683-0500				Total:	\$770.00
Date:	Name:		Signature:	Reg. No.	
January 12, 2004	Eugene Mar			25,893	